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Division of Mental Health, Developmental Disabilities and Substance Abuse Services
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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Richard J. Visingardi, Ph.D., Director

October 15, 2003

MEMORANDUM

TO: Area Program Directors

FROM: Rich Visingardi, Ph.D.

RE: Area Authority / County Program Monitoring of Service Providers

Attached is the Provider Monitoring Workbook for routine monitoring of providers, as defined in 10A NCAC 27G .0600 Area Authority or County Program Monitoring of Facilities and Services. These rules require the Secretary to provide a form to area authorities/county programs (AA/CPs) for documenting the results of any monitoring of services on the quality indicators defined in the rules.

We would like to take this opportunity to thank all who helped in the development of this workbook. It is a result of collaboration among the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), the Division of Facility Services (DFS), the NC Council of Community Programs with feedback from its members, and the NC Community Support Providers Council with feedback from its members.

It takes time, collaboration and careful thought to develop fair, consistent measures for evaluating compliance with service requirements. We created the attached workbook for use in the interim, while the temporary rules for monitoring services are in effect. The workbook contains a Provider Monitoring Checklist, a Monthly Provider Monitoring Report template, and instructions for their use.

The ***provider monitoring checklist*** is a working document for AAs'/CPs' internal use. It is not to be submitted to DMH/DD/SAS or DFS, but is included to guide AA/CP decisions about how to monitor providers in their catchment areas. It lays out the following:

- The components of the quality indicators listed in the Monitoring Rules that should be the focus of monitoring efforts
- The appropriate location for monitoring each component (corporate office, facility, or community service site)
- Suggestions for types of evidence to review in determining compliance with each requirement
- A three-point scale for determining levels of compliance (Not Met, Partially Met, and Met/Exceeded)
- A narrative section for justification of the rating given

The ***monthly provider monitoring report*** is to be used to report monitoring activities to DMH/DD/SAS and DFS, as required by the monitoring rules. It requires information on the



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upcoming month's monitoring activities and follow-up information on monitoring activities from previous months.

Later this fiscal year, the Department will write permanent rules to replace the temporary rules now in effect. The permanent rules will be filed in March 2004 and take effect July 1, 2004. Any new monitoring tools and procedures will build on our experience in using the temporary rules and attached workbook. Therefore, it is important that we gather information about the monitoring process this year. As you use the workbook, we ask that you make note of what works well and what needs improvement. We will solicit your input as we develop the new guidelines and tools for FY2004-05.

In particular, we would like input from the people in your organization who are responsible for:

Quality Improvement
Provider Monitoring
Utilization Review
Client Rights

Please send your questions and suggestions to ContactDMHQuality@ncmail.net.

Cc: Secretary Carmen Hooker Odom
Lanier Cansler
James Bernstein
DMH/DD/SAS Executive Leadership Team
Carol Duncan-Clayton
Patrice Roesler
Robin Huffman
Mike Mayer
Jeff Horton



Provider Monitoring Workbook INSTRUCTIONS

Purpose

According to the temporary rules for provider monitoring (10A NCAC 27G .0600) that went into effect July 1, 2003, area authorities/county programs (AA/CPs) are responsible for the quality of services and supports given by all mh/dd/sas providers in their catchment areas. The checklist and monthly reporting form in this workbook are to assist in this effort. The *Provider Monitoring Checklist* is a working document to guide your monitoring team's decisions about what to monitor and how to evaluate a provider's compliance with requirements. The *Monthly Provider Monitoring Report* is to be used to summarize and

NOTE: Compliance with the provider monitoring requirements of 10A NCAC 27G .0600 does not preclude compliance with Medicaid or other requirements. Compliance reviews of CAP MR/DD providers should

NOTE: Because this workbook is not available to AA/CPs until October 2003, the first monthly report will be due October 20, 2003. For this October report, you only need to complete the Planned Monitoring Activities table (i.e. information on providers to be monitored in November 2003).

WHO TO MONITOR

AA/CPs are responsible for monitoring all mh/dd/sa service providers who operate in their catchment area. However, AA/CPs are not required to monitor every provider with the same frequency or intensity. Rather, plan your monitoring activities to review those providers that are of greatest concern. Develop a monitoring plan that uses resources efficiently and effectively to ensure the

Base your decisions about the frequency and intensity of monitoring for a specific provider on an assessment of the risk that particular provider poses for problems with compliance relative to other providers in the catchment area. Assess risk based on an evaluation of the provider's past performance, by analyzing such information as:

- 1) Number and severity of critical incident reports received from that provider and the provider's response to those incidents
- 2) Number and severity of complaints received about that provider and the provider's response to those complaints
- 3) Results of inspections and audits conducted by DFS and/or DMH/DD/SAS
- 4) Concerns about quality identified during oversight of an individual's services and supports
- 5) Level of experience of the provider in offering a particular service
- 6) Results of a provider's accreditation review (national or local)

Limit the scope of the monitoring to fit the level of risk a provider poses in each domain of interest. For instance, if a particular provider poses a high risk for non-compliance in only one domain, limit monitoring to that domain only. (If a provider is new, you should monitor all items to develop baseline information.)

WHAT TO MONITOR - Provider Monitoring Checklist Instructions

The checklist provides guidance for deciding how to monitor providers. The AA/CP is responsible for developing a coherent monitoring plan with consistent measures for determining compliance levels using the 3-point rating scale on the checklist. The checklist does not have to be submitted to DFS or DMH/DD/SAS, but is included in this workbook as an **optional tool** to aid monitoring decisions. The AA/CP can choose to use it as the report of monitoring results that is sent to providers.

CAUTION : Before filling out the Provider Monitoring Checklist for individual providers, copy the sheet to a new file using the "Move or Copy Sheet" command on the Edit Menu. Be sure to check "Create a copy" at the bottom of the dialog box in order to preserve the original template.

The checklist delineates:

- 1) Components that should be the focus of monitoring efforts - The items in the checklist represent the most critical indicators of quality that are included in the administrative rules defined as "quality indicators" in the monitoring rules. AA/CPs are encouraged to limit monitoring to these items. The items are grouped into "domains" based on the
- 2) Appropriate location for monitoring each component - For providers with multiple offices, evidence of compliance for each item can be found at the site with a checkmark. For instance, if monitoring a particular facility, do not plan to monitor job applicants' criminal history, but do consider monitoring a particular employee's qualifications. Likewise, the adequacy of a corporation's policies and procedures should be addressed at the corporate office, but staff understanding and implementation of those policies and procedures should be monitored at the facility and service levels. Sites with either ? or
- 3) Suggestions for types of evidence to review to determine compliance - The AA/CP needs to develop consistent ways of determining compliance with each requirement. The listed sources of evidence are suggestions only and can be tailored to fit

- 4) Three-point rating scale - Use this scale to report whether a requirement is exceeded or completely met (2), partially met (1) or totally unmet (0). Until further notice, it is the AA/CP's responsibility to develop specific criteria to determine the ratings. The criteria used should be applied equally to all providers.

The **heading** of the Checklist (first 18 rows) contains provider information (rows 13-14), tracking information (rows 6-10), and a summary of the ratings that are entered in the body of the checklist (rows 1-2).

Provider information: Enter the provider's organization, the name of the specific facility that is being monitored (if different) and the provider's ID number, using the facility-specific number if multiple numbers are available. Choose an ID type as "License" (if using DFS license numbers), "Medicaid" (if using a provider's Medicaid billing number), or "Assigned" (if using a

Tracking Information: Once a monitoring visit is scheduled, the checklist will calculate when the report is due. If a Plan of Correction is needed, enter "Yes" and the checklist will calculate due dates for receipt, resolution and follow-up.

Summary of ratings: The second row of the checklist will be filled automatically as ratings are entered for each requirement. The **body** of the checklist contains a line for each item, a cell to give a rating (0 to 2, as outlined above), and cell to provide a justification for the rating given. The justification should reflect criteria developed by the AA/CP for evaluating providers'

WHAT / WHEN / WHERE TO SUBMIT - Monthly Provider Monitoring Report (Form QM02) Instructions

Use the Monthly Provider Monitoring Report template to provide a summary of the AA/CP's monitoring plans and activities to the DFS Licensure & Certification Section and the DMH/DD/SAS Quality Management Team. ***By the 20th of each month send the report as an email attachment to both of the addresses on the form.*** If you monitor more than 15 providers in any given month, copy the entire report to a new spreadsheet and submit both sheets. If you have no monitoring plans or follow-up to

CAUTION: Before completing the Monthly Provider Monitoring Report form, copy the sheet to a new file using the "Move or Copy Sheet" command on the Edit Menu. Be sure to check "Create a copy" at the bottom of the

PLANNED MONITORING ACTIVITIES FOR THE UPCOMING MONTH

NOTE: Because this workbook is not available to AA/CPs until October 2003, the first monthly report will be due October 20, 2003. For this October report, you only need to complete the Planned Monitoring Activities table (i.e. information on providers to be monitored in November 2003).

Use this table to report plans for monitoring during the upcoming month, as required by the monitoring rules. If plans for monitoring additional providers are made after submitting the report, notify the Quality Management Team by email

- 1) List the name and number of each provider that you plan to monitor during the upcoming month. If the provider is licensed under 122-C regulations, use the provider's license number and put "License" under ID Type. If the provider is unlicensed and directly enrolled with Medicaid, use the provider's Medicaid billing number and put "Medicaid" under ID Type. If the provider has neither a license nor a Medicaid billing number, use a number assigned by the AA/CP and put "Assigned"
- 2) List the date that monitoring is expected to occur. (You do not need to notify DFS or Division of Mental Health, Developmental Disabilities and Substance Abuse Services of any changes in these dates after submitting the report.)

FOLLOW-UP ON PREVIOUS MONITORING

NOTE: Because the monitoring rules went into effect July 1, 2003, this section of the report does not need to be completed before the November report (due on November 20, 2003), when follow-up of July 2003 monitoring

Use this table to report on providers monitored 4 months ago. This schedule fulfills the requirement for AA/CPs to report to the appropriate state agency within 30 days of the completion of monitoring (i.e. within 30 days of the AA/CP's follow-up or 120 days

- 1) List the name and facility (if applicable) of each provider monitored during the report month. If the provider is licensed under 122-C regulations, use the provider's or facility's license number and put "Licensed" under ID Type. If the provider is unlicensed and directly enrolled with Medicaid, use the provider's Medicaid billing number and put "Medicaid" under ID Type. If the provider has neither a license nor a Medicaid billing number, use a number assigned by the AA/CP and put "Assigned"

2) List the type of monitoring that was conducted. Scheduled monitoring refers to monitoring conducted as part of regular oversight activities. Complaint-driven monitoring refers to monitoring in response to a concern raised by a consumer, family member, staff or other person, a critical incident or other event that raised concerns about the quality of services. (Scheduled monitoring would have been reported previously in the Planned Monitoring Activities table, but complaint-driven monitoring

3) Indicate whether any deficiencies were found during the monitoring activity. A deficiency is defined as any "quality indicator" on the Monitoring Checklist that was either unmet or partially met (rated as 0 or 1).

- 4) Indicate whether all deficiencies have been resolved by the time of the reporting.
 - Resolved = All deficiencies cited during monitoring have been corrected to AA/CP's satisfaction.

- Unresolved = One or more deficiency for which a provider was cited has not yet been corrected.
- n/a = No deficiencies were found during the monitoring activities.

5) If any of the deficiencies were referred to DFS or DMHDDSAS for further action, indicate the date(s) on which the

NOTE: AA/CPs are required to send the provider a monitoring report within 10 calendar days of the conclusion of monitoring and complete a follow-up to ensure problems are corrected within 90 calendar days of conclusion of monitoring. The AA/CP may choose to refer monitoring to the DFS Licensure & Certification Section (for licensed providers) or the DMH/DD/SAS Accountability Team (for unlicensed providers) at any time.

EXPLANATION FOR UNRESOLVED DEFICIENCIES

NOTE: Because the monitoring rules went into effect July 1, 2003, this section of the report does not need to be completed before the November report (due on November 20, 2003), when unresolved deficiencies found in

Use this section to explain the reason for any unresolved deficiencies noted in the Follow-up table.

- 1) The list of provider numbers for whom explanations are required is automatically generated from the Follow-up table.
- 2) For each provider number listed, give a brief phrase or sentence to indicate the reason the deficiency has not been

Direct questions about the monitoring and reporting tools provided in this workbook to ContactDMHQuality@ncmail.net or call the DMH/DD/SAS Quality Management Team at (919) 733-0696.

Provider Organization						Provider / Facility ID Number		ID Type	
Facility Name						Is this a Qualified Provider Network member?			
STANDARD	ITEM NO	DESCRIPTION	APPLICABLE SITES			SUGGESTED SOURCES OF EVIDENCE	COMPLIANCE RATING*	JUSTIFICATION FOR RATING	
			Corporate Office	Facility	Community-based Service				
Personnel and Staff Competencies (SC)									
10A NCAC 27G .0202(a)	SC1	Written job description for the director and each staff position in the staff member's file which includes: (1) minimum qualifications (2) the duties and responsibilities (3) staff and supervisor signatures	✓	✓	NA	Documents (sample of personnel records) - job description			
10A NCAC 27G .0202(b)(3,4)	SC2	Disclosure of applicants' criminal convictions	✓	NA	NA	Documents (sample of personnel records) - criminal history			
10A NCAC 27G .0202(c)(4)	SC3	No substantiated NC Health Care Personnel Registry findings of abuse or neglect for the director, staff members and others who provide services & supports to individuals on provider's behalf	NA	✓	✓	Documents (sample of personnel records) - Health Care Registry listings			
10A NCAC 27G .0202(e)	SC4	Documentation of employees' qualifications , including training, experience licensure, registration or certification	NA	✓	✓	Documents (sample of personnel records) - licensure/certification, training records, supervision plan & supervision log are current (where required);			
10A NCAC 27G .0202(g)(2,3,4) [Also 27D .0204]	SC5	Employee training programs , including training on: - client rights and confidentiality; - how to meet the mh/dd/sa needs of the individual as specified in the treatment/habilitation plan; and - infectious diseases and bloodborne pathogens	NA	✓	✓	Documents - training curricula; Mgmt/Staff interviews (sample) - understanding of client rights and abuse/neglect/exploitation; understanding of concepts & methods to prevent use of seclusion or restraint, as applicable to persons served; understanding of person-centered planning & best practices, as			
10A NCAC 27G .0202(h)	SC6	At least one staff member trained in first aid, CPR and Heimlich maneuver available whenever an individual receiving services or supports is present	NA	✓	NA	Documents - staffing records and training and records			
10A NCAC 27G .0203(a-b) and .0204(c)	SC7	Demonstration of knowledge, skills and abilities required by population served by qualified professionals, associate professionals and paraprofessionals	NA	✓	✓	Determination of whether provider has implemented its own policy			
10A NCAC 27G .0203(f)	SC8	Individualized supervision plan for each associate professional	NA	✓	✓	See SC7			
10A NCAC 27G .0203(g)	SC9	Supervision of associate professionals by a qualified professional	NA	✓	✓	See SC7			
10A NCAC 27G .0204(f)	SC10	Individualized supervision plan for each paraprofessional	NA	✓	✓	See SC7			

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10A NCAC 27G .0204(b)	SC11	Supervision of paraprofessionals by an associate professional or qualified professional	NA	✓	✓	See SC7			
Assessment and Service Plan (SP)									
10A NCAC 27G .0205(a)	SP1	Assessments for each individual , prior to the delivery of services, including: (1) presenting problem; (2) needs and strengths; (3) admitting diagnosis, with an established diagnosis within 30 days or on upon admission to a detoxification or other 24-hour medical program (4) social, family, and medical history (5) evaluations or assessments	NA	✓	✓	Documents (sample of individuals) - assessments, medical records; Data - IPRS diagnoses & target pops			
10A NCAC 27G .0205(c)	SP2	Treatment/habilitation plan developed in partnership with the individual and/or legally responsible person, within 30 days of admission (NOTE: Medicaid requires a preliminary treatment plan in place on or before the first date of service.)	NA	NA	?	Documents (sample of individuals) - treatment plan signatures & dates, peer reviews; Staff Interviews - involvement of individual; Individual/family interview (sample) - participation in, satisfaction with and timing of planning ; Data - complaints & response to complaints; treatment team notes; individual outcomes			
10A NCAC 27G .0205(d)	SP3	Treatment/habilitation plan contents include: (1) individual outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) measurable goals & strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually with the individual and/or legally responsible person (5) basis for evaluation of outcome achievement; and (6) written consent or agreement by the individual or responsible party	NA	NA	?	Documents (sample of individuals)- treatment plan details, peer reviews; Staff interview (sample) - explanation of goals, strategies, & methods of evaluating progress; Individual/family interview (sample) - awareness of & satisfaction with goals & strategies of plan; Data (sample) - individual outcomes trends, complaints & response to complaints			

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Services and Supports (SS)									
10A NCAC 27G .0208(a)	SS1	Individuals' activities include: (1) space and supervision to ensure individuals' safety and welfare (2) activities suitable for the ages, interests, and treatment/habilitation needs of the individuals (3) individuals' participation in determining and planning activities.	NA	✓	??	Documents - activity logs, schedules service notes; Observation - environment, staffing, staff-individual interaction, activities; Consumer interview - participation in planning, satisfaction with activities & interactions with staff; Data - complaints, response to complaints, critical incidents, licensure reports			
10A NCAC 27G .0208(c)	SS2	Nutritious meals	NA	✓	NA	Documents - menus, adherence to menus, variety/options; Consumer interviews - satisfaction with quality & quantity; Observation - kitchen, mealtime, food stock; Data - complaints & response to complaints			
Medication (MD)									
10A NCAC 27G .0209(a)(1)	MD1	Medications dispensed only on written order by a physician or other practioner licensed to prescribe	NA	✓	NA	Documents - (sample Med Pass) Medication orders, medication dispensing log			
10A NCAC 27G .0209(a)(2)	MD2	Dispensing restricted to registered pharmacists, physicians, or health care practitioners registered with the North Carolina Board of Pharmacy.	NA	✓	NA	Documents - Credentials, prescriptions, dispensing logs; Staff interviews (re policies & procedures)			
10A NCAC 27G .0209(a)(3)	MD3	Methadone for take-home purposes in a properly labeled container by a registered nurse	NA	✓	NA	Documents - policies & procedures, medication dispensing log; Staff interviews (re policies & procedures)			
10A NCAC 27G .0209(a)(4)	MD4	Stock of prescription legend drugs requires hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy.	NA	✓	NA	Documents - staff qualifications, permit			
10A NCAC 27G .0209(c)(1)	MD5	Prescription or non-prescription drugs administered only on the written order of a person authorized by law to prescribe drugs.	NA	✓	??	Documents - (for Sample Med Pass) Medication orders, medication dispensing log			
10A NCAC 27G .0209(c)(2)	MD6	Self-administered medications only when authorized in writing by the individual's physician.	NA	✓	??	Documents - (for Sample Med Pass) Medication orders, medication dispensing log			
10A NCAC 27G .0209(c)(3)	MD7	Medications administered only by licensed persons or by properly trained unlicensed persons	NA	✓	✓	Documents - staff qualifications & training evidence; Observation - Sample Med Pass, medication administration record (MAR)			

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10A NCAC 27G .0209(c)(4)	MD8	Current Medication Administration Record (MAR) for each individual including: (A) individual's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	NA	✓	??	Documents - MAR; Observation - Sample Med Pass			
10A NCAC 27G .0209(c)(5)	MD9	Individuals' requests for medication changes or checks kept with the MAR file and followed up by appointment or consultation with a physician.	NA	✓	✓	Documents - MAR, physician appts, service notes; Consumer interviews - Satisfaction with request follow-up			
Client Rights (CR)									
10A NCAC 27D .0101(b)(1)	CR1	Alleged or suspected abuse, neglect, or exploitation of individuals reported to County DSS (NOTE: Also must be reported to LME using the Critical Incident & Death Form.)	NA	✓	✓	Documents - (sample of critical incident reports) call/notification log, internal incident report; Data - complaints & response to complaints & critical incidents; Staff & consumer interviews			
10A NCAC 27D .0101 (b)(2)	CR2	Safeguards for medications known to present serious risk to an individual, particularly neuroleptic medications	NA	✓	??	AIMS test results			
10A NCAC 27D .0104 (b)(1,2)	CR3	Compliance with federal laws governing advocacy services to persons with mental illness and/or developmental disabilities (NOTE: This includes PL99-319 and PL100-509 and 42USC600 et seq.)	✓	✓	✓	Documents - Complaints policy, complaints & response to complaints, compliance review findings; Staff & consumer interviews			
10A NCAC 27D .0104 (c)	CR4	Most recent written findings of Client Rights Review	✓	✓	✓	Documents - CR committee minutes, reports			
10A NCAC 27D .0201(a,c)	CR5	Each individual & legally responsible person informed of rights upon admission or entry to service in a manner consistent with the person's level of comprehension and given a written summary of rights	NA	✓	✓	Documents - (sample of records) consent, authorization & other rights forms with signature, evidence of individual's orientation to services & supports, service notes; Observation - rights information posted; Individual/family interview - (sample) understanding of rights, confidentiality, grievance policy, etc; Data - complaints & response to complaints			

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10A NCAC 27D .0201(b,d,e) and .0303(a)	CR6	Each individual informed of : (A) right to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD) (B) rules, confidentiality, treatment plan, fees, grievance procedures, suspension & expulsion and search & seizure (C) use of restrictive interventions or rights restriction , including purpose, goals, use, and notification (D) methods of treatment/habilitation and validity of consent	NA	✓	✓	See CR5			
10A NCAC 27D .0201 (f)	CR7	Documentation in the individual's record that rights have been explained.	NA	✓	✓	See CR5			
10A NCAC 27D .0303 (d)	CR8	Documentation of informed consent for treatment, restrictive intervention, electroshock therapy, experimental drugs, surgery or administration of antabuse or Depo-Provera in the individual's record.	NA	✓	NA	Documents - (records sample) written consent with signature, service notes; Consumer interviews - (sample) understanding of treatment, procedures & medication's effects, rights regarding consent; Data - complaints & response to complaints & critical incidents			
10A NCAC 27E .0104 (f)(2)	CR9	Documentation of restrictive intervention in the individual's record , including frequency, duration, intensity of behavior, rationale, description of intervention, accompanying positive interventions and signatures	NA	✓	✓	Documents - (records sample, including sample from Critical Incident reports) Seclusion & Restraint reports, treatment plan, service notes; Consumer interviews - (sample) experience with restrictive interventions; Staff interviews - knowledge of policy & procedures; Data - complaints & response to complaints, critical incidents, frequency of use			
10A NCAC 27D .0301	CR10	Participation in appropriate social interactions and activities with other people, as specified in treatment/habilitation plan	NA	✓	✓	See SS1			
10A NCAC 27D .0302	CR11	Individual input into facility governance	NA	✓	✓	Documents - planning notes; Mgmt/staff interviews - individuals' input process; Consumer interviews - (sample) input into decisions, response from mgmt/staff to suggestions & requests, satisfaction with provider responsiveness; Data - complaints & response to complaints			

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.0118-A(a)	CR12	Affirmative measures to safeguard confidential information	✓	✓	✓	Observation - Location of information (files, papers, archives, computer monitors, & confidential conversations), proper consents to release information, transfers of information via email, verbal exchange, etc.; Data - complaints & response to complaints			
10A NCAC 27E .0104 (f)(8)	CR13	Notification of restrictive intervention to treatment team, governing body, and legally responsible person (when requested) within specified timeframes	NA	✓	✓	Documents - (records sample, including sample from Critical Incident reports) seclusion & restraint reports, notification log; Legally responsible person interviews - (sample) receipt of notification regarding seclusion & restraint			
10A NCAC 27E .0104 (f)(9)(C)	CR14	Documentation of restrictive intervention on a log , including names of individual and responsible professional, date, time, type, duration and reason	NA	✓	✓	Documents - Seclusion & restraint log; Data - critical incidents			
10A NCAC 27F .0103 (a)	CR15	Atmosphere conducive to sleep, areas for personal privacy	NA	✓	NA	Observation - environment; Consumer/family interviews - (sample) satisfaction with environment; Staff interviews - knowledge of policies, procedures & practice; Data - complaints & response to complaints			
10A NCAC 27F .0103 (b)	CR16	Individual rights to decorate personal space	NA	✓	NA	Observation - personal space; Consumer interviews - (sample) satisfaction with personal space; Staff interviews - knowledge of policies, procedures & practice; Data - complaints & response to complaints			
10A NCAC 27F .0104	CR17	Individual rights to dignity, privacy and humane care for personal health, hygiene and grooming, including: (A) bathtubs or showers and toilets which ensure privacy and (B) adequate toilets, lavatory and bath facilities for individuals with mobility impairment	NA	✓	NA	Observation - hygiene space; Consumer interviews - (sample) satisfaction with access, privacy & hygiene facilities; Staff interviews - knowledge of policies, procedures & practice; Data - complaints & response to complaints			
10A NCAC 27F .0105	CR18	Protection of individuals' personal clothing and possessions from theft, damage, destruction, loss, and misplacement	NA	✓	NA	Documents - inventory forms; Observation - personal space; Consumer interviews - (sample) satisfaction with safety of personal belongings; Staff interviews - knowledge of policies, procedures & practice; Data - complaints & response to complaints			

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10A NCAC 27F .0106 (a)	CR19	Investment of and proper accounting for individuals' money (if individual stays longer than 30 days), including personal funds, receipts for transactions and authorizations for withdrawals	NA	✓	NA	Documents - (individual fund sample) fund activity records; Consumer/family interviews - knowledge of funds & satisfaction with accessibility & safety of funds; Staff interviews - knowledge of policies, procedures & practice; Data - complaints & response to complaints			

Suggested sample = 25% of active consumers, with minimum of 2 and maximum of 10.

✓ = Requirement is appropriately monitored at this site.

? = Only applicable to periodic service providers if they are responsible for case management or treatment/habilitation planning

?? = Only applicable to periodic service providers if required by service plan

NA = Not applicable at this site.

*Rate each item as follows, using the drop-down list in each cell:

0 = Requirement not met

1 = Requirement partially met

2 = Requirement fully met or exceeded

Enter 'Not reviewed' if the requirement was not reviewed

Questions? Contact DMH/DD/SAS Quality Management Team at ContactDMHQuality@ncmail.net or (919) 733-0696

CAUTION: Prior to completing this form, copy the worksheet to a new file to preserve the master copy.

Form QM02

Instructions

This form is used to notify the NC DHHS of plans for monitoring the quality of mh/dd/sa services in a LME's catchment area and to report the results of monitoring, as required by 10A NCAC 27G .0600.

Planned monitoring activities should include on-site visits scheduled for the upcoming month.

[NOTE: If additional routine monitoring plans are made after submitting this form, notify the Quality Management Team by email or phone using the contact information at the end of the form.]

Follow-up on Previous Monitoring is to be reported after 90 days following the monitoring to allow time for corrections to be made and verified by the LME. Therefore, the report requests information on monitoring conducted 4 months previous to the report month. **[NOTE:** You do not need to fill in this section for months prior to July 2003, since the monitoring rules did not go into effect until 7/1/03.

An Explanation for Unresolved Deficiencies must be reported for every provider in the Follow-up table that has unresolved deficiencies as of the report date. **[NOTE:** Provide an explanation for any provider number that automatically shows up in this table.]

***Deficiency = Requirement on the checklist that is unmet (U) or partially met (P)

